What does not kill me could ruin my life makes me stronger

By Master Sgt. Sue Harper

"They were just faking it," and "That which does not kill me makes me stronger," or attitudes to that effect are obstacles to Soldiers seeking or getting the mental health help they need early. Experts say leaders can help change these mindsets.

More than three decades after he received the Purple Heart for combat injuries received in Vietnam, John Staresinich, is finally receiving the help he needs for his Post Traumatic Stress Disorder.

"Soldiers from Iraq are going to come back with PTSD," said Staresinich, 54 in a story by Staff Reporter Cheryl L. Reed for the Chicago Sun Times, Feb. 6. "I hope they treat them sooner than they did me."

"They" are trying to "treat them sooner" with pre-deployment screenings and redeployment surveys administered at different intervals during the process in addition to Combat Stress Teams, 24-hour hotlines and a host of other programs and systems.

Still about 100 Iraqi Freedom veterans have already appeared at homeless shelters around the country.

"They," the Department of the Army, Department of Defense and Veterans Administration have a hurdle in their path that only the impacted Soldiers and their leaders can help them overcome.

Stigma is the big rock blocking the road to well-being for many Soldiers.

The stigma of being thought of as a wimp or a malingerer because off-duty conversations and attitudes on the subject might carry the themes that PTSD is not real or only impacts cowards or is something used by people trying to avoid a deployment or duty is stopping Soldiers from seeking help early enough to prevent or mitigate the onset of both varieties of Post Traumatic Stress Disorder and life-ruining behaviors.

The importance of getting help early becomes apparent in the nature of the disorder. People who have full-blown Post Traumatic Stress Disorder have a physiological condition. Generally speaking, experts say, the body has remained on guard for so long after the trauma event that the chemicals produced from such a prolonged stressful state have altered the brain.

The stigma is so large that few Soldiers and sergeants major will put their names to their statements for publication. The civilian media has the same challenge.

"Acting on lessons learned from Vietnam, the military and Department of Veterans Affairs have focused on early intervention of PTSD, sending teams of chaplains, counselors and other mental health personnel into the field to work with Soldiers. Yeah, [the 22-year old National Guard Infantryman] said, they handed him PTSD fliers, asked him if the questions applied. 'I said, —— no and tossed them.' And sure, a couple guys in the unit claimed to have PTSD. 'They were just faking it,'" wrote M.L. Lyke in his story, *The Unseen Cost of War: American minds Soldiers can sustain psychological wounds for a lifetime* published August 27, 2004 in the SEATTLE POST-INTELLIGENCER. Soldiers would only speak to Lyke on the condition he not use their names in the story. They feared negative reactions from their peers and leadership.

Its not just 22-year olds saying things like that.

"I'm sure some of them are just faking it to get out of deploying," said one command sergeant major of mental-health, combat-stress related chapters in his soon to be deploying unit.

Medical professionals say that it is difficult to accurately fake a mental illness.

"It is far easier catching someone faking a psychiatric illness than low back pain, since most of the lay public is unfamiliar with how the former presents in clinical situations," said James O'Brien, M.D., Board Certified in Psychiatry & Forensic Psychiatry who is in private practice in California. Part

AT A GLANCE

A survey conducted by Army Mental Health Services of 894 Soldiers returning from deployments to Operation Iraqi Freedom revealed:

95%	Observed dead bodies or human remains
93%	Were shot at or received small-arms fire
89%	Were attacked or ambushed
65%	Observed injured or dead Americans
48%	Were responsible for the death of an enemy combatant
14%	Were wounded or injured
8%	Had close calls but were saved by protective gear

151 Soldiers met the criteria for major depression, generalized anxiety, or post-traumatic stress disorder, of those Soldiers:

78%	Acknowledged having a problem
43%	Were interested in receiving help from a professional
27%	Received help from a mental health professional in the last year

of his job is to catch people doing just that. Forensic psychiatry is the application of medical mental health expertise for legal purposes. O'Brien's forensic practice is currently dedicated primarily to civil matters especially disability evaluation.

"Today's diagnostic description of Post-Traumatic Stress Disorder is largely based upon experience and studies of Vietnam veterans," O'Brien said. "In 1979, the federal government established Operation Outreach to help Vietnam veterans handle readjustment and psychiatric problems. This also allowed clinicians the opportunity to develop models by which to distinguish genuine from malingered PTSD."

The facts show that the trend is Soldiers who need help are not stepping forward to get help.

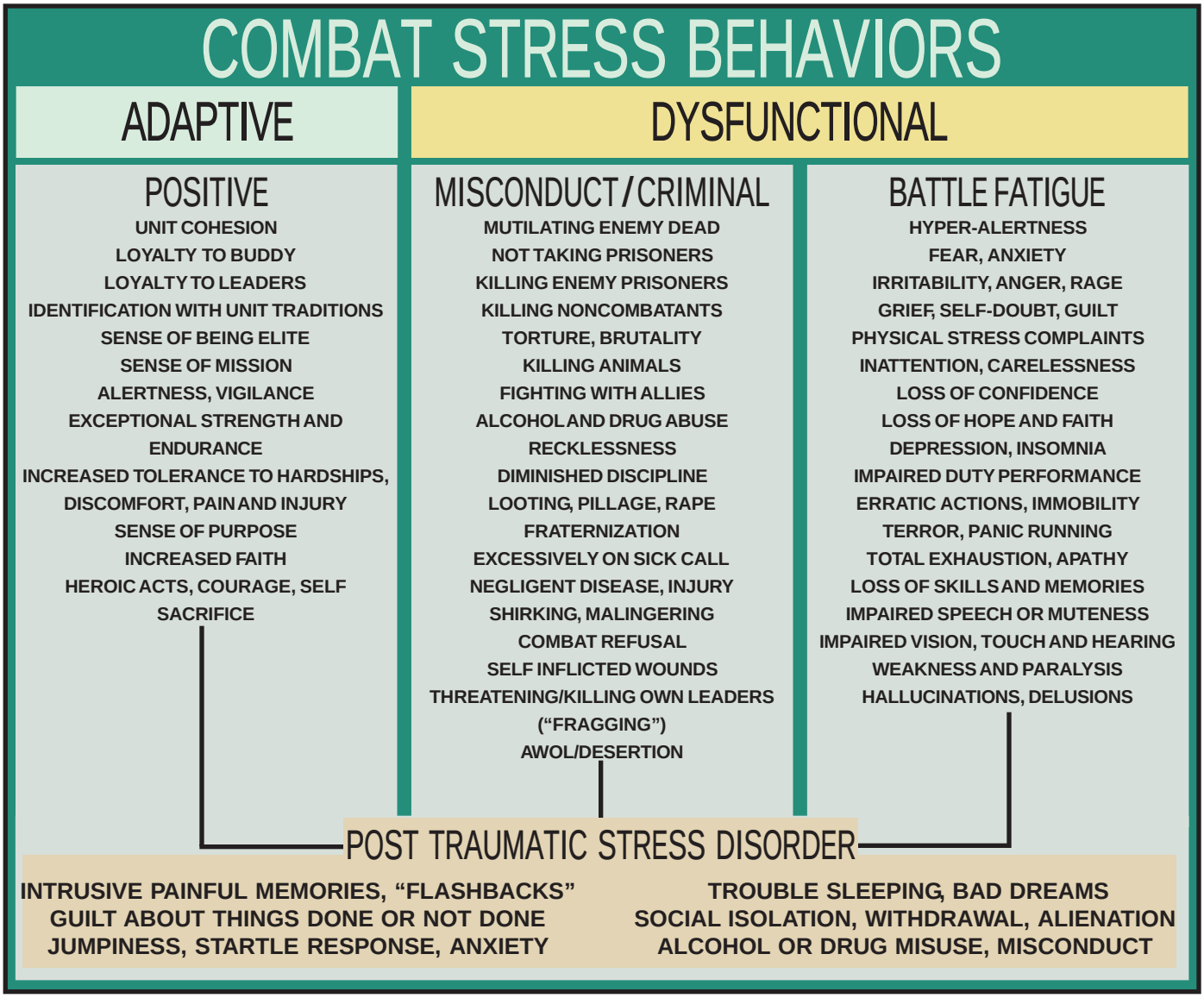
Of the service personnel who met the criteria for mental disorders less than half, 38 to 45 percent, expressed interest in receiving help, and around a third, 23 to 40 percent, of those people sought professional help, according to a study, *Combat Duty in Iraq and Afghanistan, Mental Health Problems, and Barriers to Care* by Col. Charles W. Hoge, M.D.; Lt. Col. Carl A. Castro, Ph.D.; Stephen C. Messer, Ph.D.; Maj. Dennis McGurk, Ph.D.; Capt. Dave I. Cotting, Ph.D.; and Navy Capt. Robert L. Koffman, M.D., M.P.H. published in the July 1, 2004, edition of the New England Journal of Medicine.

Even if Soldiers, who are trying to use mental health to get out of a deployment, go to mental health, they will gain peace of mind before they deploy, Castro said.

"Clearly there are Soldiers who don't want to deploy and are anxious due to numerous issues who might go to mental health and say, 'I don't think I'm OK to deploy.' But even that Soldier benefits because hearing the mental health professional tell him he is good to go will probably reduce some of his anxiety about deploying," Castro said.

Nevertheless, most Soldiers will avoid seeking mental health assistance.

"The most disturbing thing, in my opinion, is the stigma, and people who are most severely affected are the ones least likely to seek treatment," said Dr. Matthew Friedman, executive director of the Department of Veterans Affairs' National Center for PTSD, a professor at Dartmouth Medical School, and author of an editorial that accompanied the Hogue-led study said in a HealthDayNews article. "We can help them. We can help them right away."



The study echoed those sentiments in its results' summary, "Those whose responses were positive for a mental disorder were twice as likely as those whose responses were negative to report concern about possible stigmatization and other barriers to seeking mental health care."

Soldiers might also be reflecting their own attitudes about mental health issues and "what is strong and what is weak" onto others, said Command Sergeant Major Sergio Riddle, Commander of Company A at the U.S. Army Sergeants Major Academy, an Operation Iraqi Freedom veteran who went through his own stress issues returning from OIF. OIF was not his first deployment for the United States Army nor his first brush with violence. Riddle's military experiences began at the age of 16 in the Chilean military. He joined before Chile's September 11, 1973, Military Coup and served the rest of his required military service time.

The "I'm too tough for this, and only weaklings get this stuff" line of thinking is something Riddle says he understands, but now recognizes as false machismo.

"It's a mentality that at the end of the day is really *anti*-Warrior, *anti*-Soldier," Riddle said. "What *is* strong, what is in line with the Warrior mindset is to say, 'Ok, maybe I've got a problem, maybe not, but I need to go talk to someone who has the expertise to tell me if I do, and what I can do about it. A Warrior faces challenges head on. … He takes *appropriate action*, whether it's an enemy on the ground in Baghdad or the face staring back at him in the mirror."

It's almost a "What doesn't kill us makes us stronger," attitude, Riddle said. Johann Wolfgang von Goethe said it first, but Friedrich Nietzsche's version, "That which does not kill me makes me stronger," is more famous. Ironically, Goethe later discovered that living through a traumatic event does not immediately translate into surviving the ordeal; he is among a long list of authors — headed by the writer of the Epic of Gilgamesh, chronicled on 12-clay tablets a full 2,000 years before the Dead Sea Scrolls — to actually describe the symptoms of PTSD.

In the case of both flavors of PTSD, a life-time version and a "partial" one that might only last months or a couple of years and their cousin — Acute Stress Disorder whose family includes combat stress, battle fatigue among others — the Goethe / Nietzsche maxim is a deadly misnomer on many levels. Studies indicate that the more negative history a person has the more likely he is to develop PTSD. (For more information on the other risk factors see *http://www.ncptsd.va.gov/facts/disasters/fs_riskfactors.html*) Negative history can be either a one-time event such as a car accident, surviving a tornado, an instance of child molestation or stranger rape or it can be a sustained type like child abuse either sexual, physical or mental.

But living through something does not mean surviving it. Mental health professionals can help Soldiers do this, but in addition to a negative response from their peers, Soldiers might also perceive a negative response from their leaders, Riddle said.

"Leaders at the company levels and below can make the fundamental error of judging their subordinates well being by how well they themselves are doing," Castro said. "Basically, [the leaders say,] 'if I don't have any problems no one does.'

See PTSD, Page 22

The following is a very generalized summary of behavior patterns associated with redeployment, not all Soldiers will follow this timeline.

Normal behavior
Sample of potential danger signs
Percentages of those requiring and or seeking professional help.

0-14 DAYS	Happy to be back - Wanting to complete reintegration - "Wired" and "Tired" - Not sleeping through the night - Taking catnaps - Puttering around - Nesting Drinking - Driving too fast or recklessly **6 percent screen positive for mental disorders**
15-45 DAYS	Still happy to be back - Wanting to complete reintegration - "Wired" and "Tired" - Taking catnaps - Puttering around - Nesting Sleep more but less than pre-deployment - Drinking to sleep
45-89 DAYS	Still "Wired" and "Tired" - Sleeping better Sleep disturbances - Intrusive thoughts - Drinking - Risk taking bahavior (See Page 21)
90 - 120 DAYS	Readjusting to family role and job - Mild relationship issues Hyper vigilance - Startling at day to day sounds - Increased irritability Lack of concentration - Increased sleep disturbances - Severe relationship issues: "My family has gone or is going to Hell" - Drinking too much **15 to 20 percent screen positive for mental disorders** **38 to 45 percent of service personnel who met the criteria for a mental disorder expressed interest in receiving help and only 23 to 40 percent of those people sought professional help**
120 + DAYS	Avoiding people or things because they remind Soldier of deployment - Hyper vigilance - Startling at day to day sounds - Increased irritability - Lack of concentration - Increased sleep disturbances - Severe relationship issues: "My family has gone or is going to Hell" - Drinking too much **8 percent of men and 20 percent of women go on to develop PTSD, roughly 30 percent of these individuals develop a chronic form that persists throughout their lifetimes**

Compiled by NCO Journal from studies by Army Medical Reseach Unit - Europe in Heidelberg, Germany, Dr. Charles Hogue's study published in the New England Journal of Medicine and the National Center for PTSD website.

However, there are some similarities. Namely, the cravings victims go through.

These cravings can lead to reckless behavior, but the one positive aspect about them is that they give leaders signs to look for, Benedek said.

Some signs, anxiety and hyper activity, are easily detected. Others unfortunately are not. They include a Soldier being afraid to go to the range, displaying excess anger, coming to work smelling of alcohol, or constantly being tired, Benedek said.

Upon detection, leaders have many options they can use to help the Soldier.

"There are a variety of mental health sources," he said, but many Soldiers feel more comfortable talking to Chaplains or someone else. The important thing is to get the problem surfaced."

Once the problem is brought to light, it's important to figure out why the behavior is occurring. "Reckless behavior may be a signal of a number of illnesses or situational things that might resolve itself on its own or it might take a medical professional to figure out what to do," Gifford said.

Leaders can also help Soldiers get involved with positive activities that can fill their needs like joining an intramural team, picking up a new hobby or even reading a book. These types of activities keep Soldiers from getting to the point where they have to do something, said Benedek.

Leaders also should keep their Soldiers informed and busy. "Leaders need to tell their Soldiers things to avoid doing upon returning from deployment. Soldiers need to know not to go party down right away, drink a lot or drive too fast," Gifford said.

"Leaders need to give their Soldiers meaningful work. Get them back into training so that they have a sense of purpose. The work won't be able to compete with what was being done in a combat zone, but it has to be meaningful."

The final way leaders can help their Soldiers get over their need for adrenaline is by being patient.

"Time is not the only cure, but it is a cure. Being patient can be enough for some, but for other's its not and that's where other, professional resources can come in," Gifford said.

PTSD Continued from Page 20

Leaders should be reflective; other people might react differently to this situation."

Soldiers also worry that having a stress reaction or disorder can have a negative impact on their careers, Riddle said.

And as far as their careers go, they are not entirely wrong. The family of combat stresses can have a negative impact on a military career. Not because seeking mental health assistance will be carried in some mysterious "file," but because not seeking help can result in behavior problems ranging from malingering to commission of war crimes and atrocities in the combat zone to alcoholism through suicide on the home front. By Army doctrine, these actions are not excused because the person is suffering from one of the varieties of combat stress.

Army doctrine also puts the onus of mitigating the family of combat stress disorders on leaders.

That's exactly where it should be, Riddle said. Leaders should do all they can to address the stigmitation of stress reactions. Leaders must fight the perceptions Soldiers might have.

Some leaders might have first hand experience they can share, he said.

Sergeant Maj. Jesse McKinney, School Secretariat, U.S. Army Sergeants Major Academy, surveyed 100 students at the Academy to support his Masters' Thesis on stress in the Army. Of this group, 67 had served in hostile environments. Of the 67, 63 percent reported 11 or more indicators of Post Traumatic Stress Disorder. Six percent reported having been previously diagnosed with PTSD. Eleven percent believed they have PTSD. Seventy-two percent of the group said they had wounded or killed an enemy Soldier. Seventy-nine percent witnessed fellow Soldiers being wounded or killed. McKinney's results show one other interesting trend. The reponse to four separate survey questions was 38 percent. That percentage reported sleeplessness resulting from fear or nightmares; witnessing a close friend being wounded or killed; unpleasant memories affect family life now; and an increase of health ailments that couldn't be logically explained.

Almost all, 92 percent, had feelings of assured doom while in a hostile environment.

Those leaders can have a positive impact on junior Soldiers and their peers via informal counseling and sharing their past experiences during classes on stress reactions, Riddle said.

They can also work on something Castro calls "Building Battlemind." This is not an inoculation against combat stress related reactions, but it might help mitigate negative combat stress. See page 23.

Leaders can also emphasize that PTSD is a real disorder, but it does not have to be a death sentence.

"It must start with the leaders. They have to tell young Soldiers, 'this is real, it can happen to you. Answer the medical-survey questions honestly during redeployment. Honest answers are not going to delay your return home, but they will get you the help early, so that it does not become life-altering,' " Riddle said.

Soldiers should give honest answers to the redeployment mental health screening questionnaires, but often don't.

"Many returning Soldiers, they say, answer 'Not me, sir,' in PTSD screenings simply because they want to go home. Immediately. 'The basic thought in our unit was, 'If you say yes to any questions, you will be held back from going on leave,'' said the Army infantryman," Lyke wrote in his Seattle PI story.

Castro said this is a myth. Answering the questions honestly will not delay a Soldier's return unless he is an immediate threat to himself or others.

"We are aware of this concern and that is one of the reasons we have instituted the 120-day survey," Castro said.

The Army is also aware of the stigma and myths surrounding PTSD, and that is one of the many reasons it developed Army OneSource. Army OneSource phones are manned 24 hours daily, 365 days a year.

"We do assessments right over the phone and refer Soldiers to someone in their local area," said Amy (One Source personnel do not give out their last names.) in Triage for Army OneSource. The toll-free number for CONUS is 1-800-464-8107 and OCONUS based personnel should call 484-530-5889, collect.